###### FAX: 2119 9035

###### RESTRICTED

### Central Referral System for Rehabilitation Services

**Subsystem for Disabled Pre-schoolers (CRSRehab-PS)**

### Registration Form

|  |
| --- |
|  |

*Completion guide: Please use BLOCK LETTERS**to fill in the information in the boxes or × in the boxes, whichever is appropriate.*

1. **Personal Particulars**

|  |
| --- |
| 1.1 Name *(In English, surname first)*: |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| (In Chinese) | (       ) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1.2 Sex: | Female | Male |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1.3 Date of Birth: |  |  |  |
|  | *Day* | *Mth* | *Yr* |

|  |  |
| --- | --- |
| 1.4 Birth Certificate No. / Travelling Document No.+: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1.5 Family Main Dialect: | Cantonese | Putonghua | English | Others |

|  |
| --- |
| 1.6 Residential District: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hong Kong and Islands | | | | |
| Central & Western | Eastern | Southern | Wan Chai | Islands |

|  |  |  |  |
| --- | --- | --- | --- |
| Kowloon |  |  |  |
| Kwun Tong | Wong Tai Sin | Kowloon City | Mong Kok |
|  | | | |
| Sham Shui Po | Yau Ma Tei | Tseung Kwan O | Sai Kung |

|  |  |  |  |
| --- | --- | --- | --- |
| New Territories | | | |
| Kwai Chung | Tsing Yi | Tsuen Wan | Tuen Mun |
|  | | | |
| Yuen Long | Tin Shui Wai | Tai Po | Sha Tin |
|  | | | |
| Ma On Shan | North |  |  |

|  |
| --- |
| 1.7 Parent / Guardian’s Address: |

|  |  |
| --- | --- |
| Name: |  |
|  |  |
| Residential  Address: |  |
|  |  |
| Tel. No.: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.8 Whether the child is a ward and pending sign-off: | | | | | Yes | No | |
|  | | | | |  |  | |
| 1.9 Whether the child’s parents are Mainlanders: | | | | | | | |
|  | | | | | | | |
|  | No | Yes, please specify | Both parents | Father only | | | Mother only |
|  | Unknown (e.g. abandoned child) | | | | | | |

+ Please delete as appropriate

|  |  |  |
| --- | --- | --- |
| 1.10 Information of Kindergarten(KG)/KG-cum-Child Care Centre (KG-cum-CCC)# (Note 1) | | |
|  |  |  |
| KG/KG-cum-CCC Attending: | | |

|  |  |
| --- | --- |
| Name: |  |
|  |  |
| Address: |  |
|  |  |
| Code: |  |

|  |
| --- |
| KG/KG-cum-CCC to be Attended (for OPRS applicants opting for selection of admission based on this KG or KG-cum-CCC): |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | |
|  | |  | | | | |
| Address: | |  | | | | |
|  | |  | | | | |
| Code: | |  | | | | |
|  | |  | | | | |
| Date of Admission: | |  |  |  |
|  | | *Day* | *Mth* | *Yr* |

**2. Disabilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ##Date of Assessment |  |  | |  | Assessed by | Paediatrician### (Note 3) |
|  | | | | | | |
| (Note 2) | *Day* | *Mth* | *Yr* | |  | Clinical Psychologist / Educational Psychologist / Other Qualified Professionals as Recognised by SWD #### (Note 4) |

2.1 Mental Handicap

|  |  |
| --- | --- |
| N : No | |
| Y : Yes | |
| S : Suspected | |
| Degree of mental disability (for “Yes” or “Suspected” case) | |
|  | A : Mild grade MH |
|  | B : Moderate grade MH |
|  | C : Severe grade MH |

2.2. Physical Impairment

|  |  |  |
| --- | --- | --- |
| N : No | | |
| Y : Yes | (a) Whether suffering from Cerebral Palsy | |
|  |  | N : No |
|  |  | Y : Yes |
| S : Suspected |  |  |

2.3 Visual Impairment

|  |  |  |  |
| --- | --- | --- | --- |
| N : No | | | |
| Y : Yes Residual Visual Ability (better eye) | Low | Moderate | Severe |
| S : Suspected | | | |

2.4 Hearing Impairment

|  |
| --- |
| N: No |
| Y :Yes |
| S : Suspected |

2.5 Autistic Spectrum Disorder

|  |
| --- |
| N : No |
| Y : Yes |
| S : Suspected |

2.6 Speech and Language Impairment: Discrepant delay or disorder

|  |
| --- |
| N : No |
| Y : Yes |
| S : Suspected |

2.7 Others Diagnosis:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No | |  | | |
|  | | | | | |
|  | **Yes** | | (please tick the following boxes) | | |
|  | |  | Borderline Developmental Delay / Developmental Delay | | (Yes  Suspected) |
|  | |  | Global Developmental Delay / Significant Delay | | (Yes  Suspected) |
|  | |  | Attention Deficit Hyperactivity Disorder (ADHD) | | (Yes  Suspected) |
|  | |  | Fine Motor Delay | | (Yes  Suspected) |
|  | |  | Gross Motor Delay | | (Yes  Suspected) |
|  | |  | Others, please specify: |  | (Yes  Suspected) |

**3. Service(s) Recommended by Paediatrician / Clinical Psychologist / Educational Psychologist / Other Qualified Professionals as Recognised by SWD**

|  |  |
| --- | --- |
|  | Early Education & Training Centre (EETC) |
|  | Integrated Programme in Kindergarten-cum-Child Care Centre (IP in KG-cum-CCC) |
|  | On-site Pre-school Rehabilitation Services (OPRS) |
|  | Special Child Care Centre (SCCC) |
|  | Special Child Care Centre (Hearing impaired) [SCCC(HI)] |
|  | Special Child Care Centre (Visually impaired) [SCCC(VI)] |
|  | Residential Special Child Care Centre (RSCCC) |

**4. Placement(s)/Preference(s)**

*An applicant can only choose ONE type of pre-school rehabilitation services, i.e. EETC or SCCC or IP in KG-cum-CCC or OPRS in Part I. All services, except for OPRS, provide choices at region, district and centre levels and a maximum of 3 ­­­choices* ***in order of priority (No.1 as the most favourite one and No. 2 and 3 in descending order)*** *are accepted.*

|  |  |  |  |
| --- | --- | --- | --- |
| **PART I: Placement Applied** | | | |
| **Service Type** | | | |
|  | Early Education and Training Centre | | |
|  | Integrated Programme in KG-cum-CCC | | |
|  | On-site Pre-school Rehabilitation Services | | |
|  | Special Child Care Centre | | |
|  | Special Child Care Centre (Hearing impaired) | | |
|  | Special Child Care Centre and / Special Child Care Centre (Visually impaired) | | |
|  | Residential Special Child Care Centre | | |
|  | Residential Special Child Care Centre and / Residential Special Child Care Centre (Visually impaired) | | |
| Location Preference(s) with order of priority # (Note 1)  *(for EETC or SCCC or IP in KG-cum-CCC applicants only)* | | | |
|  | No | | |
|  | Yes (please indicate preference(s) below in order of priority) | | |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |
|  |  |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART II: Transitional Services** | | | | | | | | |
|  |  | | | | | | | |
|  | Transitional OPRS arrangement, applicable to:   * SCCC applicants not receiving IP in KG-cum-CCC service | | | | | | | |
|  |  | |  | | | | | |
|  |  | | Willing to accept Transitional OPRS Placement: | | | | | |
|  |  | |  | Yes |  | | No |  |
|  |  | | | | | | | |
|  | Transitional EETC arrangement, applicable to:   * IP in KG-cum-CCC applicants who are aged below 2 * OPRS applicants who are aged below 3 * SCCC applicants not receiving IP in KG-cum-CCC service or OPRS | | | | | | | |
|  |  | | | | | | | |
|  |  | | Willing to accept Transitional EETC Placement: | | | | | |
|  |  | |  | Yes |  | | No |  |
|  |  | | | | | | | |
| **Location Preference(s) of EETC in order of priority # (Note 1)** | | | | | | | | |
|  |  | | | | | | | |
|  | 1. |  | | | |  | | |
|  | 2. |  | | | |  | | |
|  | 3. |  | | | |  | | |
|  |  | | | | | | | |

|  |
| --- |
| *Applicants of OPRS should take note of the following:*   1. *The KG or KG-cum-CCC information MUST be filled in for an applicant to be selected for admission to OPRS.* 2. *An applicant who had input information for “KG or KG-cum-CCC to be Attended” will be selected to the Project Team serving this KG or KG-cum-CCC after the school admission date. No selection will then be made based on the KG or KG-cum-CCC he/she is currently attending. For applicant who wishes to be selected into the OPRS Project Team serving the KG or KG-cum-CCC he/she is currently attending, please only provide information on “KG or KG-cum-CCC attending” and no “KG or KG-cum-CCC to be Attended” should be provided.* 3. *The KG or KG-cum-CCC that the applicant provided as basis for OPRS admission selection must be participating in OPRS.* 4. *CRSRehab-PS Form 3 must be submitted timely to update CRSRehab-PS on any change of KG or KG-cum-CCC information.* |

**5. Service(s) Currently Receiving**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Early Education & Training Centre: | | |  | |
|  | Name of Centre: |  | | | |
|  | Special Child Care Centre: | | | | |
|  | Name of Centre: |  | | | |
|  | Integrated Programme in Kindergarten-cum-Child Care Centre: | | | |  |
|  | Name of Centre: |  | | | |
|  | On-site Pre-school Rehabilitation Services: | | | | |
|  | Name of Project Team: | |  | | |
|  | Normal Kindergarten / KG-cum-CCC | | | | |
|  | Not receiving any service for pre-schoolers | | | | |
|  |  | | | | |

**6. Source of Referral**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Case Ref. No. |  |  |  |  |  |
|  |  |  | *(for CRSRehab-PS use)* | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CRSRehab-PS No.:  (if any) |  |  |  |  |  |  |  |

**7. Declaration**

 Referrer has declared that there is no conflict of interest in handling this application. Referrer is not a family member or personal friend of the applicant and has no personal or social ties with the applicant.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Referrer: |  |  | Signature: |  |
|  | (BLOCK LETTERS) |  |  |  |
| Office / Centre: |  |  | Tel no.: |  |
| Date: |  |  | Fax no.: |  |

|  |  |
| --- | --- |
| #Note 1: | *Please visit the SWD website (www.swd.gov.hk) for details of Region/District/Center/Project Team/KG code related to each type of subvented pre-school rehabilitation services.*  *(Public Services> Rehabilitation Services> List of Services> Pre-school Rehabilitation Service.)* |
| *##*Note 2: | *Date of assessment refers to the date when the child is first diagnosed to have/or suspected to have disabilities by either Paediatrician, Clinical Psychologist, Educational Psychologist, or other qualified professionals as recognised by SWD* |
| *###* Note 3: | *Paediatrician refers to medical officer of Child Assessment Centre/Paediatric Department in public hospital; or medical officer in private practice who is on the Specialist Register for Paediatrics under the Medical Council of Hong Kong.* |
| *####* Note 4: | *For details of “Other Qualified Professionals as Recognised by SWD”, please refer to.the latest “Manual of Procedures for CRSRehab-PS”, which can be downloaded at* [*www.swd.gov.hk*](http://www.swd.gov.hk)*.* |